

## Manualization of Psychotherapy

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As studies on mental healthcare practices have made observations on positive outcomes from certain treatments, these treatments from individual psychotherapists have been attempted to be replicated. The attempt to consistently replicate results with mental health patients lead to the creation and use of manuals that provide instructions to psychotherapists for how to go about treating certain categorized conditions. Psychotherapists have been reluctant to embrace such manualization due to a number of concerns and criticisms. These include the suggestion that there has not been ample comparison between traditional treatments and manualized treatments, that the use of manuals discounts the expertise of practitioners, and that the placing of patients into categories which is necessary for manualization leads to drawing attention away from the individual life situations of patients.

The first main criticism is that there has not been enough time to study the benefits of manualized treatments over traditional treatments. When referring to the attempts to manualize mental health care, Drozd, and Goldfried (1996) state that:

The assumption underlying these attempts to mold clinical practice to reflect the research designs of outcome researchers is that, with a grasp of a treatment manual's disorder formulation, and with proficiency in the manual's techniques, practitioners will enjoy success rates similar to those reported by large-scale treatment outcome studies. We would suggest that these efforts are premature, as outcome studies have not been conducted to compare the effectiveness of these "pure-form" treatments against the current "integrative" practices of clinicians. (p. 174)

Although manualized treatment is easier to study the effectiveness of since treatment and assessment is standardized from patient to patient, critics of the manualization of mental health treatment believe that there has not been enough time to compare these methods to the less structured manual-free mental health treatment methods. Since traditional treatment does not lead to as much categorization of patients, it is hard to directly compare to manualized treatment. Critics argue that the time should be taken to compare the two so that psychotherapists can be sure of the efficacy of manualization.

The next main criticism is that the experience, intuition, and expertise of the practitioner is de-valued in manualized treatment. Scaturo (2001) concludes his evaluation of efforts to manualize clinical practice

by stating:

Manualized treatments are no substitute for comprehensive clinical competencies. If manualization becomes a way for professionally trained psychologists to better articulate precisely what they do by means of clinical intervention, then the efforts should be vigorously applauded. If, on the other hand, manualized treatments are misused by implying that the complex task of clinical work can be meaningfully distilled to a set of decision trees that can be applied by minimally trained behavioral technicians, such usage has the potential to do a grave disservice to our patients and our profession.

Critics of manualization believe that the personal relation between practitioner and patient, as well as the expertise of the practitioner are at risk of being disregarded in the face of a standard manual. Critics also fear the potential risk of practitioners becoming reliant on manuals to the point that they do not develop the necessary intuition and experience to treat specific cases that manuals may not cover, or be less effective for.

The last main criticism of manualization is that the categorization that enables it, also hinders the treatment by shifting focus away from a patient's personal experience and situation, and onto the diagnosis itself. When reviewing the criticisms of manualization Addis and Krasnow (2000) mention that, "Manuals have been criticized for ... relying on diagnostic categories that draw attention away from the complexities of individual life situations." (p. 331). People put in the same category for manualized treatment could have a wide range of diverse life experiences and situations that have led to their diagnosis. Critics believe that the categorization used by manualized treatment leads to the ignorance of the treatment needs that are unique to each patient.

There are many valid criticisms of manualization including but not limited to the lack of evidence that would show the benefits of manualized treatment over traditional treatment, the de-valuing of a practitioner's experience, and the lessened focus on a patient's individual situation. Due to these criticisms, many practitioners are reluctant to adopt manualized treatments into their own practice.

## References

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